

EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FORM

Section I – To be completed by Employee requesting leave, and submitted to appointing authority

REASON FOR LEAVE

I am requesting Expanded Family and Medical Leave as I am unable to work or telework due to a need to care for my son or daughter because the child's school or place of care has been closed, or the childcare provider is unavailable for reasons related to COVID-19, AND no other suitable person will be or is able to provide care for the child(ren) during the period requested for leave. My son or daughter is either (1) under 18 years of age, or (2) 18 years of age or over, and has a mental or physical disability and is incapable of self care because of that disability. No other person will be providing care for my child during the period for which I am receiving emergency family medical leave.

Name of Employee Requesting Leave _____ Dept. _____

Name of Son(s) or Daughter(s) (Attach additional pages, if needed)	Date of Birth	Name of School, Place of Care, or Child Care Provider currently closed for reasons related to COVID-19 (attach documentation of closure)	Is any other suitable person available to care for the child(ren)?
(1)			<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)			<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)			<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ My child is over the age of 14, and special circumstances exist which require me to provide care.

(Attach statement describing special circumstances)

TYPE OF TIME OFF REQUESTED (Select one per form)

☐ FULL (CONTINUOUS) LEAVE ☐ REDUCED SCHEDULE (a proposed work schedule must be attached)

Requested Start Date: _____ Requested End Date: _____

I anticipate returning to my normal work schedule and duties on (Date and time) _____

The first two weeks of Expanded Family and Medical Leave are unpaid. The following ten weeks of leave is paid at a rate of 2/3 the employee's regular rate, up to a maximum of \$200 per day, and \$10,000 in the aggregate. An employee may be eligible for Paid Sick Leave to cover the unpaid portion. (See Department of Personnel Administrative Regulation No. 133(A))

I am unable to work or telework due to the reason for leave stated above. I further acknowledge that I have read Department of Personnel Administrative Regulation No. 133(A) and understand my responsibilities and the information provided therein.

Employee Signature: _____ ***Date:*** _____

Section II – Appointing Authority Response

_____ Your request is approved as submitted.

_____ Your request is approved under revised terms as outlined below.

_____ Your request is denied for reason(s) noted below.

Revised Terms, Comments, or Reason for Denial:

Appointing Authority Signature _____ ***Date:*** _____